

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00448696		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		
Full Name of Payee <b>Alliance Strategies Group Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 7700 Congress Ave Ste 3208			Amount 8714.29		
City Boca Raton State FL Zip Code 33487-1358		Transaction ID : EF399BFB414D04657B60			
Purpose of Expenditure IE-Maness-Email List Rental		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Robert L Maness			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► General 2014		
172567.59					
Full Name of Payee <b>Senate Conservatives Fund</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address PO Box 388			Amount 809.65		
City Alexandria State VA Zip Code 22313-0388		Transaction ID : EB306FD6EDC5149F19E7			
Purpose of Expenditure IE-Maness-Online Processing		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Robert L Maness			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► General 2014		
172567.59					
(a) SUBTOTAL of Itemized Independent Expenditures.....			9523.94		
(b) SUBTOTAL of Unitemized Independent Expenditures .....					
(c) TOTAL Independent Expenditures.....					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Paul Kilgore</i>			Date MM / DD / YYYY 10 / 31 / 2014		
[Electronically Filed]					

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PAGE 2 OF 2  
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NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00448696	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Senate Conservatives Fund</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 31 / 2014</b>	
Mailing Address <b>PO Box 388</b>		Amount <b>418.99</b>	
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313-0388</b>	Transaction ID : <b>EE0302EE692C741DC9B8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 31 / 2014</b>
Purpose of Expenditure <b>IE-Maness-Phone Processing</b>		Category/Type	
Name of Federal Candidate <b>Robert L Maness</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>172567.59</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <b>General 2014</b>	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>418.99</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>9942.93</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paul Kilgore*

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 31 / 2014**

Signature